

<b>U.S. DEPARTMENT OF HOMELAND SECURITY</b> U.S. COAST GUARD CG-5571B (06-06)	<h2 style="margin: 0;">Condition Inspection Report</h2>	
Lease / HU Number:	Date of Inspection:	Date of Occupancy:
Local Housing Authority:		Inspection Type:
Member/Tenant Name:		Members Pay Grade:
Members Unit:	Address of Property:	
<div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <span>Age of Unit: _____</span> <span>Total Bedrooms: _____</span> <span>Total Baths: _____</span> <span>Sq. Ft.: _____</span> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           Description:         </div> <div style="width: 35%;">           Detached, One-Story House            Attached, One-Story House            Attached, Two-Story House            Semi-detached, Two-Story House         </div> <div style="width: 35%;">           Semi-detached, One-Story House            Detached, Two-Story House            Apartment, Two or More Stories         </div> </div>		
<b><u>Condition of Leased Premises</u></b>		
<p>1. The general condition and state of repair of the premises listed above should be noted as follows:</p> <div style="margin-left: 40px;">           New     =     Not previously occupied            Good    =     Of high quality, with little or no wear (indicate any marks, etc.)            Fair     =     Moderately good quality (indicate discrepancies in remarks)            Poor     =     Inadequate, inferior            N/A      =     Not applicable         </div> <p>2. Use "Remarks" to list all exceptions, details and identify decorative work to reflect a true description of the property (e.g. patch on the wall, stains in the carpet, scratches on Formica, stained glass windows).</p> <p>3. Deficiencies noted on the Condition Inspection report are for the protection of the U.S. Government, and the occupant. These discrepancies are considered to be pre-existing and in no way render the premises unsuitable for occupancy.</p> <p>4. This inspection report consists of _____ pages, including this page, and represents an accurate description of the property herein described.</p>		
<b><u>Certificate of Inspection Acceptance</u></b>		
_____ Print Name	_____ Signature of Lessor	_____ Date
_____ Print Name	_____ Signature of Government Rep.	_____ Date
_____ Print Name	_____ Signature of Occupant <i>(If Present)</i>	_____ Date

## Kitchen

Check the space or include quantities as applicable. Note details, discrepancies and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.

		New	Good	Fair	Poor	N/A
1. Floor Covering	<input type="checkbox"/> Wood <input type="checkbox"/> Carpet <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl <input type="checkbox"/> Other Color: _____ Age: _____ Yr: _____ Months: _____					
2. Baseboard	<input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl <input type="checkbox"/> Other Finish: _____ Paint <input type="checkbox"/> Stain <input type="checkbox"/> Other					
3. Walls	<input type="checkbox"/> Sheetrock <input type="checkbox"/> Brick <input type="checkbox"/> Cement <input type="checkbox"/> Paneling Finish: _____ Paint <input type="checkbox"/> Stucco <input type="checkbox"/> Plaster <input type="checkbox"/> Wallpaper					
4. Ceiling	<input type="checkbox"/> Paint <input type="checkbox"/> Stucco <input type="checkbox"/> Plaster <input type="checkbox"/> Blown <input type="checkbox"/> Hanging <input type="checkbox"/> Sculptured <input type="checkbox"/> Open Beam <input type="checkbox"/> Acoustic Tile <input type="checkbox"/> Other					
5. Trim	<input type="checkbox"/> Chair Rail <input type="checkbox"/> Crown <input type="checkbox"/> ¾ Round <input type="checkbox"/> Wood <input type="checkbox"/> Other					
6. Windows	<input type="checkbox"/> Thermal <input type="checkbox"/> Double Hung <input type="checkbox"/> Casement <input type="checkbox"/> Picture <input type="checkbox"/> Bay <input type="checkbox"/> Single Pane <input type="checkbox"/> Storm <input type="checkbox"/> Other <input type="checkbox"/> Security Bars					
	Lock: <input type="checkbox"/> Working <input type="checkbox"/> Not Working					
	Screen: <input type="checkbox"/> Aluminum <input type="checkbox"/> Nylon <input type="checkbox"/> Other					
	Blinds: <input type="checkbox"/> Vertical <input type="checkbox"/> Roll-up <input type="checkbox"/> Venetian <input type="checkbox"/> Mini <input type="checkbox"/> Other Note: USCG is not responsible for drapes or curtains left by lessor.					
7. Doors	<input type="checkbox"/> Wood <input type="checkbox"/> Hollow <input type="checkbox"/> Louver <input type="checkbox"/> Metal <input type="checkbox"/> Solid <input type="checkbox"/> Sliding Glass <input type="checkbox"/> Other					
	Door Stop Type:					
	Threshold: <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Marble <input type="checkbox"/> Other					
8. Pantry	Number of Shelves: Shelf Type: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other					
9. Light Fixtures	<input type="checkbox"/> Incandescent <input type="checkbox"/> Florescent <input type="checkbox"/> Ceiling Mount <input type="checkbox"/> Wall Mount <input type="checkbox"/> Track <input type="checkbox"/> Recessed <input type="checkbox"/> Other					
10. Cover Plates	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Other					

<b><u>Kitchen (continued)</u></b>		<b>New</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
11. Heat/Air Vent	___ Floor ___ Ceiling ___ Wall ___ Radiator ___ Baseboard					
12. Sink	___ Single ___ Double ___ Porcelain ___ Fiberglass ___ Stainless Steel ___ Sprayer ___ Rubber Plug ___ Strainer Plug ___ Other					
	<u>Garbage Disposal</u> : ___ Working ___ Not Working ___ Drain Plug ___ Unclogging Tool					
13. Stove	___ Electric ___ Gas ___ Drip Pan ___ Grill Make: _____ Age: _____ # of Burners: _____					
14. Broiler Pan	___ Enamel ___ Aluminum ___ Stainless Steel ___ Other					
15. Refrigerator	___ Standard ___ Side by Side ___ Frost Free ___ Ice Maker ___ Water/Ice Dispenser Make: _____ Age: _____					
16. Microwave	___ Built In ___ Portable Make: _____ Model: _____ Age: _____ Watts: _____					
17. Dishwasher	___ Built In ___ Portable Make: _____ Model: _____ Age: _____					
18. Trash Compactor	___ Built In ___ Portable Make: _____ Model: _____ Age: _____					
19. Cabinets	___ Wood ___ Laminate ___ Pressed Wood ___ Metal ___ Stained ___ Drawers ___ Other					
	<u>Counter Top</u> : ___ Formica ___ Corian ___ Tile ___ Butcher Block ___ Other					
<b>Item Number</b>	<b>Remarks</b>					

## Bathrooms

Bathroom # \_\_\_\_\_

Location: \_\_\_\_\_ Upstairs \_\_\_\_\_ Downstairs

Size: \_\_\_\_\_ Full \_\_\_\_\_ Half

Make as many copies of this section as needed to complete the Condition Inspection Report.

Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.

		New	Good	Fair	Poor	N/A
1. Floor Covering	_____ Wood _____ Carpet _____ Tile _____ Vinyl _____ Other Color: _____ Age: _____ Year: _____ Months: _____					
2. Baseboard	_____ Wood _____ Tile _____ Vinyl _____ Other Finish: _____ Paint _____ Stain _____ Other					
3. Walls	_____ Sheetrock _____ Brick _____ Cement _____ Paneling _____ Other Finish: _____ Paint _____ Stain _____ Stucco _____ Plaster _____ Other					
4. Ceiling	_____ Paint _____ Stucco _____ Plaster _____ Blown _____ Hanging _____ Sculptured _____ Acoustic Tile _____ Open Beam _____ Other					
5. Trim	_____ Chair Rail _____ Crown _____ $\frac{3}{4}$ Round _____ Wood _____ Other					
6. Windows	_____ Thermal _____ Double Hung _____ Casement _____ Picture _____ Bay _____ Single Pane _____ Storm _____ Other _____ Security Bars Lock: _____ Working _____ Not Working Screen: _____ Aluminum _____ Nylon _____ Other Blinds: _____ Vertical _____ Roll-up _____ Venetian _____ Mini _____ Other Note: USCG is not responsible for drapes or curtains left by lessor					
7. Doors	_____ Wood _____ Hollow _____ Louver _____ Metal _____ Solid _____ Sliding Glass _____ Other Door Stop Type: _____ Threshold: _____ Metal _____ Wood _____ Marble _____ Other					

<b><u>Bathroom (continued)</u></b>		New	Good	Fair	Poor	N/A
Bathroom # _____ Location: _____ Upstairs _____ Downstairs Size: _____ Full _____ Half Make as many copies of this section as needed to complete the Condition Inspection Report. Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.						
8. Closets	Number of Closets: _____ Number of Rods: _____ Shelves: _____ Wood _____ Metal _____ Other					
9. Light Fixtures	_____ Incandescent _____ Florescent _____ Other _____ Ceiling Mount _____ Wall Mount _____ Track _____ Recessed					
10. Cover Plates	_____ Metal _____ Plastic _____ Other					
11. Heat/Air Vent	_____ Floor _____ Ceiling _____ Wall _____ Radiator _____ Baseboard					
12. Toilet/Commode	_____ Standard _____ Other Color: _____					
13. Tub	_____ Fiberglass _____ Porcelain _____ Whirlpool _____ Tile _____ Other Color: _____					
14. Shower Stall	_____ Fiberglass _____ Plastic _____ Tile _____ Other Color: _____					
15. Shower Curtain Rod	_____ Wood _____ Metal _____ Plastic _____ Other					
16. Shower Door	_____ Plexiglas _____ Glass _____ Other					
17. Towel Bar	_____ Metal _____ Plastic _____ Wood _____ Ceramic _____ Ring _____ Other					
18. Sink	_____ Single _____ Pedestal _____ Porcelain _____ Fiberglass _____ Stainless Steel _____ Other Color: _____					
19. Vanity Cabinet	_____ Wood _____ Laminate _____ Pressed Wood _____ Metal _____ Stained _____ Drawers _____ Corian _____ Fiberglass _____ Other					
	<u>Counter Top:</u> _____ Formica _____ Tile _____ One Piece Molded _____ Other					

<b><u>Bathroom (continued)</u></b>		New	Good	Fair	Poor	N/A
Bathroom # _____ Location:    _____Upstairs_____Downstairs Size:        _____Full        _____Half Make as many copies of this section as needed to complete the Condition Inspection Report. Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.						
20. Medicine Cabinet	_____ Wood    _____ Mirrored    _____ Plastic    _____ Metal _____ Recessed        _____ Wall Mounted        _____ Other					
21. Mirror	_____Wall Mounted                    _____ Other					
22. Exhaust Fan	_____ Working                    _____ Not Working					
23. Soap Dish	_____ Plastic                    _____ Metal                    _____ Wood _____ Ceramic                    _____ Other					
24. Tooth Brush Holder	_____ Plastic                    _____ Metal                    _____ Wood _____ Ceramic                    _____ Other					
25. Toilet Paper Holder	_____ Plastic                    _____ Metal                    _____ Wood _____ Ceramic                    _____ Other _____ Wall Mounted        _____ Vanity Mounted        _____ Other					
<b>Item Number</b>	<b>Remarks</b>					

## Interior Room

Type of Room: \_\_\_\_\_

Location: \_\_\_\_\_ Upstairs \_\_\_\_\_ Downstairs

Make as many copies of this section as needed to complete the Condition Inspection Report.

Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.

New

Good

Fair

Poor

N/A

1. Floor Covering

\_\_\_ Wood      \_\_\_ Carpet      \_\_\_ Tile  
\_\_\_ Vinyl      \_\_\_ Other  
Color: \_\_\_\_\_ Age: \_\_\_\_\_ Yr.: \_\_\_\_\_ Months: \_\_\_\_\_

2. Baseboard

\_\_\_ Wood    \_\_\_ Tile      \_\_\_ Vinyl    \_\_\_ Other  
Finish: \_\_\_ Paint    \_\_\_ Stain    \_\_\_ Other

3. Walls

\_\_\_ Sheetrock    \_\_\_ Brick    \_\_\_ Cement    \_\_\_ Paneling  
Finish: \_\_\_ Paint    \_\_\_ Stucco    \_\_\_ Plaster    \_\_\_ Wallpaper

4. Ceiling

\_\_\_ Paint      \_\_\_ Stucco      \_\_\_ Plaster  
\_\_\_ Blown      \_\_\_ Hanging      \_\_\_ Sculptured  
\_\_\_ Open Beam    \_\_\_ Acoustic Tile    \_\_\_ Other

5. Trim

\_\_\_ Chair Rail    \_\_\_ Crown      \_\_\_ ¾ Round  
\_\_\_ Wood      \_\_\_ Other

6. Windows

\_\_\_ Thermal      \_\_\_ Double Hung    \_\_\_ Casement  
\_\_\_ Picture      \_\_\_ Bay              \_\_\_ Single Pane  
\_\_\_ Storm      \_\_\_ Security Bars    \_\_\_ Other

Lock: \_\_\_ Working      \_\_\_ Not Working

Screens:    \_\_\_ Aluminum    \_\_\_ Nylon    \_\_\_ Other

Blinds:      \_\_\_ Vertical      \_\_\_ Roll up  
                 \_\_\_ Venetian      \_\_\_ Mini  
                 \_\_\_ Other

Note: USCG is not responsible for drapes or curtains left by lessor.

<b><u>Interior Room (continued)</u></b>		New	Good	Fair	Poor	N/A
Type of Room: _____ Location:        ___Upstairs                ___Downstairs Make as many copies of this section as needed to complete the Condition Inspection Report. Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.						
7. Doors	___ Wood    ___ Hollow    ___ Louver    ___ Metal ___ Solid    ___ Sliding Glass            ___ Other					
	Door Stop Type:					
	Threshold:    ___ Metal    ___ Wood ___ Marble    ___ Other					
8. Closets	Number of Closets: ___    Number of Shelves: ___ ___ Rod    ___ Wood    ___ Metal    ___ Other					
9. Light Fixtures	___ Incandescent    ___ Florescent    ___ Ceiling Mount ___ Wall Mount        ___ Track            ___ Recessed ___ Other					
10. Cover Plates	___ Metal                ___ Plastic            ___ Other					
11. Heat/Air Vent	___ Floor                ___ Ceiling            ___ Wall ___ Radiator            ___ Baseboard					
<b>Item Number</b>	<b>Remarks</b>					



### Hall

Location:     \_\_\_Upstairs     \_\_\_Downstairs

Make as many copies of this section as needed to complete the Condition Inspection Report.

Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.

		New	Good	Fair	Poor	N/A
1. Floor Covering	___ Wood     ___ Carpet     ___ Tile ___ Vinyl     ___ Other Color:_____ Age: _____ Yr.: _____ Months: _____					
2. Baseboard	___ Wood     ___ Tile     ___ Vinyl     ___ Other Finish: ___ Paint     ___ Stain     ___ Other					
3. Walls	___ Sheetrock     ___ Brick     ___ Cement     ___ Paneling Finish:___ Paint     ___ Stucco     ___ Plaster     ___ Wallpaper					
4. Ceiling	___ Paint     ___ Stucco     ___ Plaster ___ Blown     ___ Hanging     ___ Sculptured ___ Open Beam     ___ Acoustic Tile     ___ Other					
5. Trim	___ Chair Rail     ___ Crown     ___ ¾ Round ___ Wood     ___ Other					
6. Doors	___ Wood     ___ Hollow     ___ Louver     ___ Sliding Glass ___ Metal     ___ Solid     ___ Other					
	Door Stop Type:					
	Threshold: ___ Metal     ___ Wood     ___ Marble     ___ Other					
7. Closet	Number of Closets: _____ ___ Rods     ___ Wood     ___ Metal     ___ Other					
8. Light Fixtures	___ Incandescent     ___ Florescent     ___ Ceiling Mount ___ Wall Mount     ___ Track     ___ Recessed ___ Other					
9. Cover Plates	___ Metal     ___ Plastic     ___ Other					
10. Heat/Air Vents	___ Floor     ___ Ceiling     ___ Wall ___ Radiator     ___ Baseboard					
11. Smoke Detector	___ Working     ___ Not Working ___ Other Location     ___ Hardwired     ___ Battery     ___ Other					

**Hall (continued)**

Location: \_\_\_\_ Upstairs \_\_\_\_ Downstairs

Make as many copies of this section as needed to complete the Condition Inspection Report.

Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.

New

Good

Fair

Poor

N/A

12. Thermostat \_\_\_\_ Mercury \_\_\_\_ Digital \_\_\_\_ Rheostat \_\_\_\_ Other

13. Stairs \_\_\_\_ Wood \_\_\_\_ Carpet \_\_\_\_ Non-Skid Strips \_\_\_\_ Other

14. Bannister/  
Handrails \_\_\_\_ Wood \_\_\_\_ Metal \_\_\_\_ Other  
Finish: \_\_\_\_ Paint \_\_\_\_ Stain \_\_\_\_ Other15. Windows  
\_\_\_\_ Thermal \_\_\_\_ Double Hung \_\_\_\_ Casement  
\_\_\_\_ Picture \_\_\_\_ Bay \_\_\_\_ Single Pane  
\_\_\_\_ Storm \_\_\_\_ Security Bars \_\_\_\_ Other

Lock: \_\_\_\_ Working \_\_\_\_ Not Working

Screen: \_\_\_\_ Aluminum \_\_\_\_ Nylon \_\_\_\_ Other

Blinds: \_\_\_\_ Vertical \_\_\_\_ Roll-up \_\_\_\_ Venetian  
\_\_\_\_ Mini \_\_\_\_ Other

Note: USCG is not responsible for drapes or curtains left by lessor

**Item Number****Remarks**

### Garage/Carport

Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.

		New	Good	Fair	Poor	N/A
1. Floor	<input type="checkbox"/> Ground <input type="checkbox"/> Cement <input type="checkbox"/> Gravel <input type="checkbox"/> Asphalt <input type="checkbox"/> Other					
2. Baseboard	<input type="checkbox"/> Wood <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl <input type="checkbox"/> Other Finish: <input type="checkbox"/> Paint <input type="checkbox"/> Stain <input type="checkbox"/> Other					
3. Walls	Construction: <input type="checkbox"/> Sheet Rock <input type="checkbox"/> Brick <input type="checkbox"/> Cement <input type="checkbox"/> Cinder Block <input type="checkbox"/> Other Finish: <input type="checkbox"/> Paint <input type="checkbox"/> Stucco <input type="checkbox"/> Plaster <input type="checkbox"/> Other					
4. Ceiling	<input type="checkbox"/> Paint <input type="checkbox"/> Stucco <input type="checkbox"/> Plaster <input type="checkbox"/> Hanging <input type="checkbox"/> Open Beam <input type="checkbox"/> Other					
5. Windows	<input type="checkbox"/> Thermal <input type="checkbox"/> Double Hung <input type="checkbox"/> Casement <input type="checkbox"/> Picture <input type="checkbox"/> Bay <input type="checkbox"/> Single Pane <input type="checkbox"/> Storm <input type="checkbox"/> Security Bars <input type="checkbox"/> Other					
	Lock: <input type="checkbox"/> Working <input type="checkbox"/> Not Working					
	Screen: <input type="checkbox"/> Aluminum <input type="checkbox"/> Nylon <input type="checkbox"/> Other					
	Blinds: <input type="checkbox"/> Vertical <input type="checkbox"/> Roll-up <input type="checkbox"/> Venetian <input type="checkbox"/> Mini <input type="checkbox"/> Other					
	Note: USCG is not responsible for drapes or curtains left by lessor.					
6. Doors	<input type="checkbox"/> Wood <input type="checkbox"/> Hollow <input type="checkbox"/> Louver <input type="checkbox"/> Metal <input type="checkbox"/> Solid <input type="checkbox"/> Sliding Glass <input type="checkbox"/> Other					
	Door Stop Type:					
	Threshold: <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Marble <input type="checkbox"/> Other					
7. Light Fixtures	<input type="checkbox"/> Incandescent <input type="checkbox"/> Florescent <input type="checkbox"/> Ceiling Mount <input type="checkbox"/> Wall Mount <input type="checkbox"/> Flood <input type="checkbox"/> Other					
8. Cover Plates	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Other					
9. Overhead Door	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other <input type="checkbox"/> Electric Door Opener Number of Windows: _____ Number of Remote Controls: _____					
10. Deep/Utility Sink	<input type="checkbox"/> Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Porcelain <input type="checkbox"/> Other					



<b><u>Exterior</u></b>		<b>New</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.						
1. Landscaping	___ Grass    ___ Gravel    ___ Sand    ___ Scrub ___ Trees    ___ Other <u>Maintenance Responsibilities:</u> ___ Landlord    ___ Tenant Exceptions:					
2. Roof	Age: ____ Type: ___ Asphalt    ___ Wood    ___ Cedar    ___ Tin ___ Fiberglass    ___ Terra Cotta    ___ Other					
	Chimney:    ___ Brick    ___ Metal    ___ Other					
	Gutters: ___ Aluminum    ___ Vinyl    ___ Shingles					
	Downspouts: ___ Vinyl                      ___ Aluminum ___ Splash Guards    ___ Other					
3. Foundation	___ Slab                      ___ Poured w/Basement ___ Pilings                ___ Crawl Space                      ___ Other					
4. Exterior Construction	Walls: ___ Wood    ___ Aluminum    ___ Brick    ___ Vinyl ___ Shingles    ___ Stucco                      ___ Other					
	Awnings:    ___ Fiberglass                      ___ Metal ___ Cloth                      ___ Other					
	Shutters: ___ Wood    ___ Vinyl    ___ Metal    ___ Other ___ Functional                      ___ Decorative					
5. Door	___ Wood    ___ Hollow    ___ Louver    ___ Metal ___ Solid    ___ Sliding Glass                      ___ Other					
	Screen Door: ___ Sliding    ___ Hinged    ___ Full Screen					
	Threshold: ___ Metal    ___ Wood    ___ Marble    ___ Other					
6. Storm Door	___ Wood    ___ Metal    ___ Solid    ___ Hollow    ___ Other					
7. Porch/ Deck/Patio	___ Wood                      ___ Metal    ___ Solid    ___ Hollow ___ Enclosed    ___ Open    ___ Other					

<b><u>Exterior (continued)</u></b>		<b>New</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
8. Driveway	<input type="checkbox"/> Cement <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Brick <input type="checkbox"/> Ground <input type="checkbox"/> Other					
9. Walkway	<input type="checkbox"/> Cement <input type="checkbox"/> Asphalt <input type="checkbox"/> Gravel <input type="checkbox"/> Brick <input type="checkbox"/> Flagstone <input type="checkbox"/> Other					
10. Outdoor Lighting	<input type="checkbox"/> Flood <input type="checkbox"/> Carriage <input type="checkbox"/> Gas <input type="checkbox"/> Photocell <input type="checkbox"/> Motion Detector <input type="checkbox"/> Metal Base/Glass <input type="checkbox"/> Other					
11. Water	<input type="checkbox"/> City <input type="checkbox"/> Individual Well <input type="checkbox"/> Community Well <input type="checkbox"/> Well Pump					
12. Storage Shed	Exterior: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/> Paint Electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No    Number of Outlets: <input type="text"/>					
13. Antenna	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Satellite Dish <input type="checkbox"/> Cable/Cable Ready					
14. Fence	Fence Height: <input type="text"/> <input type="checkbox"/> Wood <input type="checkbox"/> Chain Link <input type="checkbox"/> Other Gate: <input type="checkbox"/> Wood <input type="checkbox"/> Chain Link <input type="checkbox"/> Other					
15. Mailbox	<input type="checkbox"/> Curb <input type="checkbox"/> Attached <input type="checkbox"/> Door Slot <input type="checkbox"/> Cluster <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Other					
16. Doorbell	<input type="checkbox"/> Working <input type="checkbox"/> Not Working					
17. Garbage Can	Size: <input type="text"/> <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Other					
	Provided by: <input type="checkbox"/> Landlord <input type="checkbox"/> Municipal <input type="checkbox"/> Member					
18. Clothes Line Pole	<input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Umbrella <input type="checkbox"/> Other					
19. Sewage System	<input type="checkbox"/> City <input type="checkbox"/> Septic Tank If septic tank enter date last pumped: <input type="text"/>					
20. Outdoor Shower	<input type="checkbox"/> Open Air <input type="checkbox"/> Enclosed					

<u>Exterior (continued)</u>				New	Good	Fair	Poor	N/A
21. Special Needs	___ Ramp ___ Counters	___ Bath ___ Cabinets	___ Doors ___ Other					
Item Number	Remarks							

<b><u>General</u></b>		<b>New</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>N/A</b>
Check the space or include quantities as applicable. Note details, discrepancies, and exceptions in remarks. If "Other" is checked explain in remarks section with corresponding number of the item.						
1. Heating and Cooling	Fuel Type: ___ Gas ___ Oil ___ Electric ___ Heat Pump ___ Central A/C ___ Forced Hot Air ___ Hot Water Baseboard ___ Wood/Coal Burning Stove ___ Window A/C Number of Units: ___ Make: _____					
2. Hot Water Heater	___ Gas ___ Electric Make: _____ Capacity: _____(gals)					
3. Washer	Provided: ___ Location: _____ Make: _____ Age: _____					
4. Dryer	Provided: ___ Location: _____ ___ Gas ___ Electric Make: _____ Age: _____					
5. Fireplace	___ Wood ___ Gas ___ Chimney ___ Ventless Chimney Cleaned by: ___ Landlord ___ Tennant Date chimney last cleaned: _____					
6. Attic Access	Location: _____					
7. Sprinkler System	Provided: ___ Yes ___ No Age: _____					
8. Smoke Detectors	Working: ___ Yes ___ No ___ Hard Wired ___ Hard Wired with Battery Backup ___ Battery					
	Location and date last tested: _____ _____ _____ _____ _____					



<u>General (continued)</u>		New	Good	Fair	Poor	N/A
9. Carbon Monoxide Detector	Location and date last tested:  _____  _____  _____  _____  _____					
Item Number	Remarks					

